# FORM D JACO J. J. J.

12/2219

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB Number:	3235-0076					
Expires:	May 31, 2005					
Estimated average	burden hours per					
form	16.00					

OMB APPROVAL

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEC US	SE ONLY
Prefix	Serial
DATE R	ECEIVED

THOMSON

Name of Offering (☐ check if this is an amen Neuromolecular, Inc. \$100,000 Convertible Pr	dment and name has changed, and indicate change.) omissory Note Bridge Financing	
Filing Under (Check box(es) that apply): ☐ Ru Type of Filing: ☐ New Filing ☐ An	ule 504 □ Rule 505 □ Rule 506 □ Section 4(0 nendment	(5) ULOE
	A. BASIC IDENTIFICATION DATA	UNITED THE STATE OF THE STATE O
1. Enter the information requested about the is	ssuer	
Name of Issuer ( check if this is an amendn Neuromolecular, Inc.	nent and name has changed, and indicate change.)	02067778
Address of Executive Offices 257 Buena Vista, Mill Valley, CA 94941	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) 415-388-8356
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business Biotech and drug discovery research		
Type of Business Organization		
	☐ limited partnership, already formed	other (please specify):
☐ business trust	☐ limited partnership, to be formed	
Actual or Estimated Date of Incorporation or C Jurisdiction of Incorporation or Organization:	Organization:  (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
	Civio Calada, 11 viol Cite Toleign jurisdiction)	DEC 3 0 2002 DE

# GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 11, NCIAL230.501 et seq. or 15

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

T	FIE:	רוא	PT.	n	N

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENT	IFICATION DATA		
2. Enter the information re	quested for the follo	<ul> <li>a. a. a</li></ul>	The second secon		· · · · · · · · · · · · · · · · · · ·
<ul> <li>Each beneficial own issuer;</li> </ul>	ner having the power	• •	ct the vote or disposition of,		
<ul><li>Each executive office</li><li>Each general and m</li></ul>			orate general and managing p	artners of partnership	issuers; and
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, it Gregory T. Went	findividual)				
Business or Residence Addre 257 Buena Vista, Mill Valley		eet, City, State, Zip Code)		***	
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Stuart A. Lipton	findividual)				
Business or Residence Addre 17475 Circa del Sur, Rancho					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, it Jonathan S. Stamler	findividual)				
Business or Residence Addre Duke University Medical Cer					
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, in James W. Larrick	f individual)				
Business or Residence Addre 2462 Wyandotte Street, Mou					
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	findividual)				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i					
Business or Residence Addre	ess (Number and Str	eet, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	1, 1				В.	INFORMA	ATION ABO	UT OFFER	ING		·		
1.	Has the	issuer sold,	or does the	issuer inter					ring?				Yes No
					Answer als	so in Appen	dix, Column	2, if filing u	nder ULOE.				
2.	What is	the minimu	ım investm	ent that will	be accepte	d from any	individual?	.,			•••••	\$1	
3.	Does th	e offering p	ermit joint	ownership o	of a single u	nit?	•••••				••••••		Yes No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.								person states,					
Full N/A		ast name fi	irst, if indiv	idual)		•							
Bus	iness or l	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Nan	ne of Ass	sociated Bro	ker or Deal	er					· · · · · · · · · · · · · · · · · · ·			,6:	
State	es in Wh	ich Person l	Listed Has	Solicited or	Intends to S	Solicit Purcl	hasers						
	(Check [AL] [IL] [MT] [RI]	"All States' [AK] [IN] [NE] [SC]	or check in [AZ] [IA] [NV] [SD]	ndividual St [AR] [KS] [NH] [TN]	ates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]
Full	Name (I	Last name fi	rst, if indiv	idual)				<u> </u>			7		
Bus	iness or l	Residence A	Address (Nu	mber and S	treet, City,	State, Zip C	Code)		- · · · · · · · · · · · · · · · · · · ·				
Nan	ne of Ass	sociated Bro	ker or Deal	er			<del></del>			<del></del>			
Stat	es in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Purcl	hasers						
	(Check [AL] [IL] [MT] [RI]	"All States' [AK] [IN] [NE] [SC]	or check in [AZ] [IA] [NV] [SD]	ndividual St [AR] [KS] [NH] [TN]	ates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	
Full	Name (I	Last name fi	irst, if indiv	idual)									
Bus	iness or	Residence A	Address (Nu	mber and S	treet, City,	State, Zip C	Code)						
Nan	ne of Ass	sociated Bro	ker or Deal	er		·							
Stat	es in Wh	ich Person	Listed Has	Solicited or	Intends to	Solicit Purc	hasers			<del></del>			
	(Check [AL] [IL] [MT] [RI]	"All States' [AK] [IN] [NE] [SC]	" or check in [AZ] [IA] [NV] [SD]	ndividual St [AR] [KS] [NH] [TN]	tates) [CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	All States [ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

- 4	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	PRO	CEEDS		eri Gran	
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		ggregate ering Price		A	Amount Already Sold
	Debt		,000		<b>\$</b> 1	00,000
	Equity	\$ <u>100</u>	0		\$ <u></u>	0
		<u> </u>	<u> </u>	_	₽	
	Convertible Securities (including warrants)	\$	0		\$	0
	Partnership Interests	\$	0	_	<u>s</u>	
	Other (Specify)	\$	0		\$ \$	0
	Total	<u> </u>		_		
		\$ <u>100</u>	.000		<u>3_1</u>	00,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					•
			Number Investors			Aggregate Dollar Amount of Purchases
	Accredited Investors		6	_	<u>\$</u>	100,000
	Non-accredited Investors		0	_	\$_	0
	Total (for filings under Rule 504 only)				\$_	
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of Offering		Type of Security			Dollar Amount Sold
	Rule 505	•			\$	20.0
	Regulation A			_	\$ \$	
	Rule 504	***************************************		_	\$_ \$_	
	Total			_	\$ \$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			_	Φ	
	Transfer Agent's Fees				\$_	0
	Printing and Engraving Costs				\$_	0
	Legal Fees			Ø	<b>S</b>	5,000
	Accounting Fees				-	0
	Engineering Fees				-	0
	Sales Commissions (specify finders' fees separately)					0
	Other Expenses (identify)				_	0
	Total			_		5,000
	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and				Φ	2,000
	o. Enter the difference between the aggregate offering price given in response to Fart C - Question 1 and					

		E, NUMBER OF INVESTORS, EXPENSES		FPROCEEDS	
	total expenses furnished in response to Part C - proceeds to the issuer."				\$ 95,000
5.	Indicate below the amount of the adjusted gross of the purposes shown. If the amount for any put to the left of the estimate. The total of the paissuer set forth in response to Part C - Question	ourpose is not known, furnish an estimate and yments listed must equal the adjusted gross p	check the box		
	·			Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			<b>\$</b>	<b>\$</b>
	Purchase of real estate				<b>S</b>
	Purchase, rental or leasing and installation	of machinery and equipment		\$	□ \$
	Construction or leasing of plant buildings a	nd facilities		\$	<b>S</b>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				\$	. 🗆 \$
	Repayment of indebtedness			\$	. 🗆 \$
	Working capital			\$	☑ \$65,000
	Other (specify): Reimbursement of legal a	nd other expenses incurred in the formation	🗆	\$	□ \$
	of the company		⊠	\$30,000	. 🗆 \$
	Column Totals			\$ <u>30,000</u>	□ \$ <u>65,000</u>
	Total Payments Listed (column totals adde	d)		□ \$_	95,000
		D. FEDERAL SIGNATURE			
fo	le issuer has duly caused this notice to be lowing signature constitutes an undertaking est of its staff, the information furnished by the is	by the issuer to furnish to the U.S. Sec	curities and Ex	change Commissio	under Rule 505, the n, upon written re-
İss	uer (Print or Type)	Signature	Date	12/18/2005	7.
	euromolecular, Inc.			17/14/200	
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>		
Gı	regory T. Went	President			

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)